

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 686571

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7	1					
8	1					
9		3				
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50						
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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